

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled POLYAMINOESTER AND THEIR APPLICATION IN DENTAL COMPOSITIONS the specification of which

(check one) 1.        is attached hereto.

2.   X   was filed on                                  as Application Serial No.                                  was amended on                                  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Number                                  Country                                  Day/Mo/Yr Filed                                 

Priority Claimed: Yes        No   X  

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

I hereby claim the benefit under Title 35, United States Code, 119(e) of any Provisional United States application(s) listed below.

Provisional Application Serial No. 60/224669 Filing Date 11 August 2000

Application Case Serial No. None Filing Date \_\_\_\_\_

Status--patented, pending, abandoned: \_\_\_\_\_

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

- |                           |                      |
|---------------------------|----------------------|
| 1. Dale R. Lovercheck     | Reg No. <u>28638</u> |
| 2. Douglas J. Hura        | Reg No. <u>33249</u> |
| 3. John L. Welsh          | Reg No. <u>33621</u> |
| 4. Anthony J. DeLaurentis | Reg No. <u>24757</u> |
| 5. James B. Bieber        | Reg No. <u>28054</u> |

Address all telephone calls to Douglas J. Hura  
At telephone no. (717) 849-4466  
Address all correspondence to Douglas J. Hura , Esquire  
Firm DENTSPLY INTERNATIONAL INC.  
Address 570 West College Avenue  
City/State/Zip York, PA 17405

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Uwe Walz  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence Zum Klausenhorn 9, D-78465 Konstanz  
Citizenship German  
Post Office Address: Zum Klausenhorn 9, D-78465 Konstanz

Full name of second inventor Dr. Joachim E. Klee  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence D-78315 Radolfzell, Germany  
Citizenship German  
Post Office Address: D-78315 Radolfzell, Germany